

EXETER PEDIATRICS
OFFICE VISIT FAMILY “MINI” SURVEY (Pre-Visit)

1. During the past 3 months how much did you worry about your child’s health needs?

- | | |
|---|---|
| <input type="checkbox"/> none of the time | <input type="checkbox"/> most of the time |
| <input type="checkbox"/> a little of the time | <input type="checkbox"/> all of the time |

2. Do you have any concerns about the following issues for your child?

- | | |
|---|--|
| <input type="checkbox"/> development | <input type="checkbox"/> being independent |
| <input type="checkbox"/> ability to learn | <input type="checkbox"/> learning self-care skills |
| <input type="checkbox"/> falling behind in school | <input type="checkbox"/> the future |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> making and keeping friends |
| <input type="checkbox"/> loneliness | <input type="checkbox"/> participation in activities |
| <input type="checkbox"/> behavior | <input type="checkbox"/> other(s)_____ |

3. Of the above concerns what are the two **most** on your mind today?

1. _____
2. _____

4. Did you know that we have a care coordinator (insert name) available to help you with getting your child’s needs met?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|-----------------------------|

5. Have you ever used the help of the care coordinator (by phone or in person)?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> never | <input type="checkbox"/> 1-3 times |
| <input type="checkbox"/> once | <input type="checkbox"/> more than 3 times |

Thank You!